

## CITY OF HOUSTON INSURANCE FILING FORM LIMOUSINE



This certifies that the below named insured has provided commercial auto liability coverage with a company on the "list of Authorized Insurance Companies" published by the Texas Department of Insurance (<a href="http://www.tdi.state.tx.us/">http://www.tdi.state.tx.us/</a>) that is authorized to sell auto liability, or is a "County Mutual" identified with a code number "56"; and has a 30-day cancellation endorsement to the City of Houston, Administration and Regulatory Affairs Department, Transportation Division, 5050 Wright Rd, Houston, Texas 77032.

Name Insured and Mailing Address:			
Additional Insured (Name of City of Ho	uston Permit Holder if d	ifferent from above na	ame insured):
Policy Period From:	To:		
List of covered Autos (Include make, me	odel, year, and last five d	ligits of VIN):	
Does the policy follow the minimum limits of	• •	dent or loss:	
<ul> <li>Combined Single Limit of \$600,00</li> <li>Bodily Injury to Each Person: \$250</li> <li>Each Accident: \$500,000</li> <li>Property Damage: \$100,000</li> </ul>		☐ Yes	☐ No
Endorsements:		<ul><li>☐ Yes</li><li>☐ Yes</li><li>☐ Yes</li><li>☐ Yes</li></ul>	<ul><li>□ No</li><li>□ No</li><li>□ No</li><li>□ No</li></ul>
Name and Address of Insurance Compa	ny:		
Policy Number:			
Signature (Authorized Underwriter)	Print Name	<u></u>	ne Number

THIS IS AN OFFICIAL GOVERNMENT RECORD.
A FALSE ENTRY MAY CONSTITUTE A FELONY OF THE THIRD DEGREE.